EXHIBIT

A

STATE OF ILLINOIS — DEPARTMENT OF CORRECTIONS

ADULT AND JUVENILE DIVISIONS INCIDENT REPORT

Any Injuries/Hospitalizatio	ns: YES NO G.			Witnesses to Incident	
name	R62054	fense	Date	R. Stewar	+ NA.
oment of Facts: (NARRATI	orl date + ti	me T. E	ckhard	t phoud y	this numbe
taxing "Th	1		ith one	in segn,	can you
come down	+ LOOK at	-him!	Thus	runce w	215 40
the deg w	nit +aou	ot wa	0 116	1 had to	the ND.
was eggs	ua ora i	PI WU	J reep	OUTE II	Tra rap.
•					
JFWK. RU Reporting Employee	7/26/118A	Person Callin	g in Report	Lashonda (AMUN 126/11 Report Oate/Time
istrative Assessment: Turie rep. fum to mil	sting to how	e evali	ested th	e offender	and referred
	1				le 26, Jan ME